

# **EXHIBIT B**

Case 1:17-cv-03014-VEC-OTW Document 81-2 Filed 06/15/18 Page 1 of 3

**EXHIBIT 2**

Case 1:17-cv-03014-VEC-OTW Document 81-2 Filed 06/15/18 Page 2 of 3



**SUSPENSION REQUEST FORM**

***Section below to be completed by Shelter Director:*** Kaedon Grinnell

PROGRAM ADMINISTRATOR'S NAME: Dean Uetake

DATE: 5/9/17

SHELTER NAME: Marsha's House

NAME OF CLIENT TO BE SUSPENDED: Mariah Lopez

CARES ID: [REDACTED]

NAMES AND CARES ID# OF OTHER INDIVIDUALS INVOLVED IN THE INCIDENT:

RA Barkley / QPS Guard Daniels / QPS Guard Cheyenne

DESCRIPTION OF THE INCIDENT (Attach the Incident Report and, if relevant, attach other supporting documentation):

***Section below to be completed by Program Administrator:***

NUMBER OF SUSPENSION DAYS REQUESTED: 3

CLIENT'S PRIOR SUSPENSION HISTORY IN THE SHELTER SYSTEM: n/a

CLIENT'S SHELTER HISTORY (attach CARES printout) : \_\_\_\_\_



**CLIENT'S SHELTER TRANSFER HISTORY OVER THE PAST YEAR, INCLUDING**

**REASON FOR THE TRANSFER:**

Client was administratively transferred from El Camino Inn to Star Bright Residence - Reason Unknown

**MENTAL HEALTH DIAGNOSES:**

Client reports Depression, Anxiety and PTSD

**MEDICAL ISSUES OR DISABILITIES:**

No medical issues known

**OTHER PRIOR BEHAVIORAL OR DISCIPLINARY ISSUES:**

Client has numerous behavioral issues all documented in CARES Incident Reports.

**REASON FOR SEEKING SUSPENSION (CONSIDER WHETHER ANY ALTERNATIVE**

**RECOURSE MAY OR MAY NOT BE VIABLE):**

Client regularly disregards the rules of the facility and has ongoing behavioral issues.

**ACTION PLAN FOR CLIENT UPON RETURN FROM SUSPENSION:**

Staff will continue to engage client regarding adherence to shelter rules and regulations.